



11-26-03

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AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66661-018 (P-IS 4373)	
SERIAL NO: 09/821,812	FILING DATE: March 28, 2001	EXAMINER: M. Davis	GROUP ART UNIT: 1642 CONFIRMATION NO.: 5002

INVENTION: ANDROGEN REGULATED PROSTATE SPECIFIC NUCLEIC ACIDS

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347 546 185 US

DATE OF DEPOSIT: November 24, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450,
ALEXANDRIA, VA 22313-1450.

(TYPED OR PRINTED NAME OR PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a response, with attached Exhibits A, B and C, to the Office Action mailed May 23, 2003, in the above-identified application.

X Small Entity status of this application has been established under 37 CFR 1.27.

X A Declaration Pursuant to 37 C.F.R. § 1.132 with attached Table 1 and Figures 1 and 2.

X A Declaration Pursuant to 37 C.F.R. § 1.131, with attached Exhibits 1-5.

X Copy of form 1449 with attached 39 references as they were filed June 21, 2001.

X Request for an Extension of Time (in duplicate).

X No additional claims fee is required.

 An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED	RATE			FEE		
					SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY	
TOTAL CLAIMS	14	- 71	-	0	x \$9	\$18	=	\$	\$	
INDEPEN- DENT CLAIMS	3	- 30	-	0	x \$42	\$84	=	\$	\$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		_____ YES		_____ X NO		\$140	\$280	=	\$	\$
					TOTAL ADDITIONAL FEE			\$0	\$	

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

Inventor: Biaoyang Lin
Serial No.: 09/821,812
Filed: March 28, 2001
Page 2

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

X Please charge my Deposit Account No. 502624 the amount of \$475.00 which covers the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

November 24, 2003

Date

McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive,
Suite 700
San Diego, California 92122

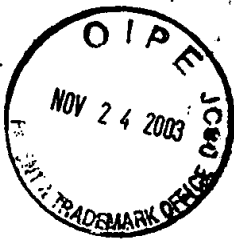
Andrea L. Gashler

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Telephone No. (858) 535-9001

Facsimile No. (858) 535-8949



Document: EXECUTED
DECLARATION PURSUANT TO 37
C.F.R. §1.131 WITH ATTACHED
EXHIBITS 1-5
Attorney Client-Matter No:
66661-018 (P-IS 4373)

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Paul Choi
Printed Name of Person Mailing Paper or Fee

[Signature]
Signature of Person Mailing Paper or Fee